

**REISSUE APPLICATION DECLARATION
BY INVENTOR**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is described and claimed in U.S. Patent No. 6,370,811, granted April 16, 2002, and for which a reissue patent is sought on the invention entitled **APPARATUS AND METHOD FOR MONITORING TERMITE ACTIVITY**, the specification of which

(Check One) ☒ is attached hereto.
☐ was filed earlier.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.
☒ by reason of the patentee claiming less than he has a right to claim in the patent.
☐ by reason of other errors.

I seek broadened claims in this reissue application.

An error relied upon as a basis for reissue is that certain claims of U.S. Patent No. 6,370,811 are unnecessarily narrow because they specify a means for controllably exposing a bait or test element to a hazardous environment or organisms, or a flag member movably supported relative to the body of the apparatus and coupled to the test element for movement in projecting relation to the body. Certain new claims are presented directed to a method or devices not so restricted.

All errors corrected in this reissue application up to the time of executing this declaration arose without any deceptive intention on the part of the applicant.

I am the sole owner of U.S. Patent No. 6,370,811, and no assignment of that patent has been made.

I offer to surrender U.S. Patent No. 6,370,811.

U.S. Patent No. 6,370,811 is the subject of a Request for an Interference with a Patent, filed under 37 C.F.R. § 1.607, in the following reissue patent application:

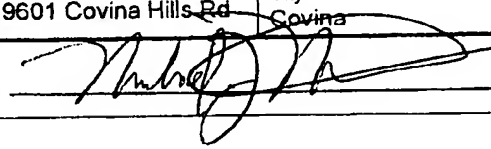
Serial No.: 10/407,253
Inventor: Greg Henderson, et al.
Title: Pop-Up Termite Indicator
Filing Date: April 7, 2003
Reissue Application of: U.S. Pat. No. 6,266,918

Please direct all inquiries to the attention of John A. Rafter, Jr. at USPTO Customer Number 3528:

Stoel Rives LLP
900 S.W. Fifth Avenue, Suite 2600
Portland, Oregon 97204

(503)224.3380 phone
(503)220.2480 fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

201	FULL NAME OF INVENTOR	FIRST Name Michael	MIDDLE Initial J.	LAST Name Masterson		
	RESIDENCE & CITIZENSHIP	City Covina	State or Foreign Country California		Country of Citizenship USA	
	POST OFFICE ADDRESS	19601 Covina Hills Rd		City Covina	State or Country California	Zip Code 91724
INVENTOR'S SIGNATURE					DATE	4/8/04

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number

Filing Date

First Named Inventor

Michael J. Masterson

Title

Apparatus and Method for ...

Art Unit

Examiner Name

Attorney Docket Number

60018/101:1

I hereby appoint:



Practitioners associated with the Customer Number:

3528

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

OR

Firm or
Individual Name

Stoel Rives LLP

Address

900 SW Fifth Ave., Suite 2600

Address

City

Portland

State

OR

Zip

97204-1288

Country

USA

Telephone

503.224.3380

Fax

503.220.2480

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

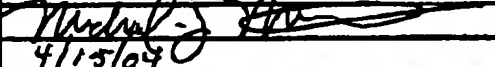
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Name

Michael J. Masterson

Signature



Date

4/15/04

Telephone

828.938.1340

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



Total of one forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.